

1300 7th St • PO Box 1431 • Wichita Falls, Texas 76307 • PHONE: 940-761-7454 • FAX: 940-761-7999

Wichita Falls Housing Choice Voucher Program

Rent Increase Request Form

In order to process your Rent Increase this form must be filled out in its entirety and delivered to the Housing Department at least 60 days prior to the tenant's anniversary date.

Date of Request:		Client Name:			
Client Address:					
andlord Name: Phone:					
Landlord Fax #:	Landlore	d E-mail Address:			
Current Rent \$	Proposed Rent Incre	ase \$ Effectiv	ve Date:		
not more than the rent cl	harged for other unassisted co ent Reasonable comparisons p	HA to certify that the rent charge omparable units. Owners of pro provided must be unassisted and	jects with more than 4	units MUST complete	
Addre	ess and Unit Number	Bedroom/Bathroom	n Date Initially Rented	Current Rental Amount	
1.					
2.					
3.		the rent amount approved is in			
not rent reasonable or we increases above the payn Reasonable documentation. Note: The client may rel	ould place the tenant in a fina nent standard set by the Hous on may be requested by the H ocate at their anniversary dat	ncial hardship, a denial letter wising Department will be evaluated dousing Department at any time e if proper notice is given to the burden to the client, the client I	Ill be sent to the landlored on a case by case bas to confirm the validity of landlord and the Wichin	d and client. Rent is. Additional Rent of the data.	
Effective Date of t	he increase will be the annive	rsary date. The client may cont	act the specialist if there	e are any questions.	
Landlord's signature:			Date:		
I hereby certify that the a	bove statements are true and	correct to the best of my knowl	edge		
	WICHITA F	FALLS HOUSING OFFICE USE ON	LY		
Approved:	Denied:	New Rent:	Start Date:		
PHA Signature:					